|   | PATENT   | APPLICATIO                                 | RD                                  | ^                                 | . /                    | 1012                                 |              | nber<br>      |                        |         |                     |  |
|---|--|--|-------------------------------------|-----------------------------------|------------------------|--------------------------------------|--------------|---------------|------------------------|---------|---------------------|--|
| Effective October 1, 2003   |  |  |                                     |                                   |                        |                                      |              | Ľ             | 10.0                   | 7       | 676                 | $\frac{1}{2}71$                                  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                                     |                                   |                        |                                      |              | L EI          | NTITY                  | OR.     |                     | R THAN<br>ENTITY                                 |
| TC  | OTAL CLAIMS                                    | <b>;</b>                                   | 20                                  | 5                                 |                        |                                      |              | Ε             | FEE                    | 7       | RATE                | FEE  |
| FC  | )R   |  | NUMBER                              | NUMBER FILED                      |                        | NUMBER EXTRA                         |              | FEE           | 385.00                 | OR      | BASIC FEE           | 770.00   |
| TC  | )TAL CHARGE                                    | ABLE CLAIMS                                | 20 minus 20=                        |                                   | *                      | *                                    |              | 9=            |                        | OR      | X\$18=              |  |
| INC   | DEPENDENT C                                    | LAIMS                                      | minus 3 =                           |                                   | *                      | *                                    |              | S=            |                        | 1       | Vac                 | <del>                                     </del> |
| MU  | JLTIPLE DEPE                                   | NDENT CLAIM PI                             | RESENT                              | ·                                 |                        |                                      |              |               |                        | OR      |                     |  |
| * If the difference in column 1 is less than zero, enter "0" in colu                  |  |  |                                     |                                   |                        | column 2                             | +145         |               |                        | OR      |                     |  |
| 11  |  | •  |                                     |                                   |                        |                                      |              | AL            |                        | OR      | TOTAL               | 770  |
|   | C  | (Column 1)                                 | MENUEL                              | MENDED - PART II (Column 2)       |                        |                                      | SMA          | LL E          | ENTITY                 | OR      | OTHER<br>SMALL      |  |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                     | HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>DUSLY    | PRESENT<br>EXTRA                     | RAT          | E             | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| WQ2   | Total  | *  | Minus                               | **                                |                        | =                                    | XS 9         | =             |                        | OR      | X\$18=              |  |
| AMENDMENT   | Independent                                    | *  | Minus                               | ***                               |                        | =                                    | X43:         | _             |                        | OR      | X86=                |  |
| 4   | FIRST PRESE                                    | ENTATION OF MU                             | JLTIPLE DEF                         | PENDENT                           | CLAIM                  |                                      | +145         | $\dashv$      |                        |         | +290=               |  |
|   |  |  |                                     |                                   |                        |                                      |              | =<br>TAL      |                        | OR      | TOTAL               |  |
|   |  | ADDIT. FEE OR ADDIT. FEE                   |                                     |                                   |                        |                                      |              |               |                        |         |                     |  |
| NDMENT B  | (Column 1)  CLAIMS                             |  | ,                                   | (Column 2)                        |                        | (Column 3)                           |              | T             | ADDI-                  | 1       |                     | ADDI-  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT            |                                     | PREVIO                            | USLY                   | PRESENT<br>EXTRA                     | RATE         |               | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE                                    |
|   | Total  | *  | Minus                               | **                                |                        | =                                    | X\$ 9:       | -             |                        | OR      | X\$18=              |  |
| IS 1  | Incependent                                    | *  | Minus                               | ***                               | ~:                     | =                                    | X43=         |               |                        | OR      | X86=                |  |
|   | FIRST PRESE                                    | NTATION OF MU                              | ILTIPLE DEP                         | ENDENT                            | CLAIM                  |                                      | +145=        |               |                        |         | +290=               |  |
|   |  |  | TOT                                 |                                   |                        | OR                                   | TOTAL        | •             |                        |         |                     |  |
|   | ·  | ADDIT. FI                                  | EE <b>L</b>                         |                                   | OR A                   | ADDIT. FEE                           |              |               |                        |         |                     |  |
|   | `  | (Column 1) CLAIMS                          |                                     | (Colum<br>HIGHE                   | ST                     | (Column 3)                           | <u> </u>     | $\overline{}$ | ADDI-                  | Г       |                     | ADDI-  |
| ENT C   |  | REMAINING<br>AFTER<br>AMENDMENT            |                                     | NUMBI<br>PREVIOL<br>PAID F        | USLY                   | PRESENT<br>EXTRA                     | RATE         |               | TIONAL FEE             |         | RATE                | TIONAL   |
| MEN   | Total  | *  | Minus                               | **                                |                        | =                                    | X\$ 9=       |               |                        | OR      | X\$18=              |  |
|   | Independent                                    | <u> </u>                                   | Minus                               | ***                               |                        | =                                    | X43=         | 十             |                        | OR      | X86=                |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                     |                                   |                        |                                      |              |               |                        | 1       |                     |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |                                     |                                   |                        |                                      |              |               |                        | OR      | +290=               |  |
| *** If  | f the "Highest Nun<br>f the "Highest Nun       | mber Previously Pai<br>mber Previously Pai | id For" IN THIS<br>iid For" IN THIS | S SPACE is I<br>S SPACE is I      | less than<br>less than | n 20, enter "20."<br>n 3, enter "3." | ADDIT. FE    | EL            |                        |         | TOTAL<br>ADDIT. FEE |  |
| T   | he "Highest Num                                | ber Previously Paid                        | For" (Total or                      | Independer                        | ıt) is the             | highest number                       | found in the | appro         | opriate box            | in colu | ımn 1.              |  |